Multnomah County Public Health Advisory Board
Ethics Committee Minutes
July 2019

Date: Thursday, July 18, 2019
Time: 3:30 p.m. – 5:30 p.m.
Location: Multnomah Building, 501 SE Hawthorne, Room 126
Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.
Desired Outcomes:
1. To deliberate with an equity lens how to use school vaccine requirements to keep disease from spreading in schools, preserve parental rights, and keep kids in class.

Members Present: Suzanne Hansche, Audrey DeCoursey, Debra McKissack, Bernal Cruz, Laurel Hansen, Rebecca Lavelle-Register, Nick Burton, Mahad Hassan, Maher Lazeg
Public Health Division staff: Christina Brown, Jennifer Vines, Hilary U'Ren

Item/Action	Process	Lead
Welcome & Introductions	● Review and approval of last meeting minutes pushed to next general board meeting (not enough existing MCPHAB members present to reach quorum).	Suzanne Hansche
Background Review / Q&A	● Vocabulary o Exemption – exception to a school or childcare requirement for vaccines o 2 types: Medical – a physician has signed off indicating a medical reason one can't get a vaccine. Can be temporary or permanent. Rare. Non-medical (NME) – opting out of the required vaccine for personal beliefs, religion, etc. ● Assumptions o School vaccine requirements are good o Measles is uniquely contagious, severe, and preventable o Governmental public health must always balance individual freedom with protecting the community o Our job is to prevent disease *and* promote health ● What is the Public Health (PH) goal? 1. Fewer exemptions (embracing all vaccines and on schedule) 2. Higher vaccination levels (most interested in super contagious diseases like Measles, Pertussis, Chicken Pox – less interested in things like Hepatitis B, which is unlikely to spread in schools) 3. Keep disease from spreading in schools (there are other fallback tools that Public Health can and does use for this outside of vaccination increases) 4. Keep disease from spreading in the community (schools are blamed for outbreaks, but outbreaks are more likely to spread in households, churches, other community spaces first). ● To Consider: o Equity – who's receiving anti-vax messaging and how are they more or less vulnerable? o Community relationships – We don't want to jeopardize community relationships by contributing to stigmatization of anti-vaxxers. o California's example – California outlawed NMEs after an outbreak in 2015, but it only resulted in a 1% increase in people vaccinated due to the political process. Medical exemptions also increased – parents would find healthcare providers willing to sign exemptions in order to make money. ▪ Concern that, were Oregon to try to get rid of NMEs, people may organize and get the ear of a sympathetic policy-maker – longer term, could open up school vaccine laws to more scrutiny (like in Texas). ● Questions: o Herd immunity – is there a scientific percentage available to reflect when herd immunity stops being effective and communities need to start worrying? ▪ For Measles, need have approximately 95% of people immune. Though Oregon is close to this rate, schools and communities aren't necessarily, making them vulnerable to larger outbreaks that spread further. o Is there are particular group of people/demographic that float to the top in terms of going for an exemption? I.e., who's not getting vaccinated, and why not? ▪ Busy working parents – easier to claim exemption than get kids vaccinated	Dr. Jennifer Vines

	▪ Often white, middle-upper class (but not always, as seen in Minnesota Somali community example)	
5Ps Process	● **People** o If we push law of NME, which communities of color are affected by this issue? o Black and African-American families have a negative connotation with vaccines because of the Public Health syphilis outbreak + ideas about autism. o Low socioeconomic status / poor families – those who have access issues. o People who don’t have access to healthcare (can’t get the vaccines because of prohibitive costs). o People with disabilities. o When you tie vaccine status to school access, who is affected? o Children with disabilities and their parents ➢ *People Affected* (sub-category separated from main page) o People who get exemptions o People who don’t want vaccines o People who can’t get vaccines but want others to be vaccinated o Elderly/immunocompromised people o Both vaccinated and non-vaccinated children may lose the chance to attend school – not all families can afford to keep kids home from school for 21 days. ● **Power** o Who’s the messenger? o Patient-provider relationship – if patients don’t feel comfortable with providers, they might not want to engage about vaccines. o What is public sentiment? Most parents vaccinate, but clearly a wedge issue. o For a family where parents don’t want to vaccinate, but they have to work, is it coercive to require their children to be vaccinated in order to go to school? If they don’t have resources for homeschooling? Is that the point? o Should be a pass to go to school – is it fair to deprive children of school experience based on parent beliefs around vaccines? o Public Health’s responsibility is to protect the public - if kids who are not vaccinated and might be exposed are allowed to go to school, kids who can’t be vaccinated won’t be able to go. o Inclusive ● **Place** o If non-vaccinated children aren’t allowed in school and we have a Measles outbreak, how will PH even find and contact them? Currently done via schools. o Information from schools is more accessible, whereas in homeschool scenarios we’re reliant on members of the household to give that information. o Vaccine requirement related to schools helps PH manage an outbreak. o Should the focus be on NMEs rather than the people who don’t have access? Should we just help vaccinate those who don’t have access rather than focusing on parents who resist when they do have the option? o If we just gave the vaccine to every parent who agreed to it, would that be enough to solve it? o Vaccines are recommended for infants immediately after birth, while the parent(s) are still at the hospital, as travel time getting back to appointments, etc. is a big deterrent. o Environmental impacts and justice should be considered. o Gentrification is a huge factor – with families being pushed out of their neighborhoods and communities, they have to travel across cities or are unfamiliar with the resources in their new areas. o People don’t often know where their nearest health center is. o Starting to offer vaccines in schools – usually understaffed and underfunded. ● **Process** o Want to find the opportunity to educate folks who may be ambivalent or just not feel fully informed – currently presented as an urgent yes or no, so rather than saying they don’t know, parents just choose no. o Better if people got that information/education while still in pregnancy and not immediately after birth. o How are we educating ourselves as a population about issues like this? o Funding issue – need equity in insurance. o It should be easy to get vaccinated if you want to get vaccinated. o How hard should it be to get an NME? Who should decide what counts as a medical exemption? o Providers will get a lot of pressure. o Support the Nurse Family Partnership (NFP) program. Better to engage beforehand	All

	for upstream prevention. Knowing about NFP and spreading the word among communities is key – not just providers, but church leaders, community members, etc. o Must have trust to make it more impactful. o Build relationships but also support different infrastructures within health. o Consequences should be made clearer of not vaccinating. o Think the health department (rather than private sector) should be the one to review NME requests and determine which are granted. o Focus resources on those who want to get vaccinated or open to vaccinations. o PHD's role should be different than roles of legislature and schools – it's ok for the PHD not to prioritize parental rights. They can have a different approach than schools – bottom line is reduce deaths from preventable illnesses. o Inclusive ● **Purpose** o In other places/cultures, it's irresponsible not to get vaccinated. Suspect that for migrant and refugee communities, if you tell them vaccinations will operate like this, they're going to show up. o Certain communities have access to specific information, can create hubs within the culture and possible distrust of medical community. o Refugees and migrants have to be particularly compliant with vaccines. o Immigrants can't enter the [U.S.] if they're missing one vaccine – must have all vaccines in their records, otherwise they're not admitted to the country. o However, people who are born here aren't held to the same standard in order to admit their children in school. o Radical individualism drives this mindset – ignores the herd needs, collective responsibility, etc. Doesn't work because we're all interconnected. o Part of our process is aligning our efforts to preserve our outcome of protecting public health. Must work with all of these issues – it's a matter of educating. Go beyond medical providers to the community and trusted people. o Medical exemptions can be decided/determined by parents for potentially any reason, a lot are very broad o How hard should it be to opt out? How many hoops should you have to jump through to opt out? o Think we should make this very hard – if you sign up for an exemption, you should know what you're talking about with a thorough and complete understanding. If they can explain why this is an exemption, they can have it, but if not, they need to be reeducated. o Provide access to vaccines and information – think the numbers of people who just don't know are much larger than we realize. Lack of understanding sets people up for the fear response. o Key to educate the community before birth – family planning is important. o The standard for getting an exemption should be that it's more difficult than getting the vaccine. o People who are already citizens here should have to do the exact same things as people trying to migrate here – seems like an equity differential. o Public Health should be able to review the requests for exemptions, and there should be very detailed guidelines. o Exemptions should have fees like driver's licenses. Those who can prove they're low-income could potentially get the fee waived. o Exemptions should be reviewed annually rather than existing in perpetuity.	
Large Group Deliberation	**Topic**: How can we use school vaccine requirements to keep disease from spreading in schools, preserve parental rights, and keep kids in class? • In revisiting the four goals, it seems that the first (fewer exemptions) is most upstream, while the third and fourth are both reactive more than proactive. Final determinations - Getting an exemption should be more difficult than the current requirements – people should have to do both in-person and online work - Should prioritize highly contagious diseases and then focus on full scope. - Exemptions should be reviewed annually by PH (instead of private entities). - Anyone who wants to push for an additional review/appeal the decision should have to pay a fee.	Dr. Jennifer Vines
Wrap-up and meeting evaluation	● Christina asks folks to complete paper evaluations or online evaluation ● MCPHAB Retreat – Thursday 7/25 at the Gladys McCoy building from 11:30 – 4:30	Suzanne Hansche